REMARKS

The allowance of Claims 1-12, 15-17 and 20-23 is gratefully acknowledged.

Claims 13, 14, 18 and 19 were rejected under 35 U.S.C. §103(a) as obvious over US Pat. 3,442,269 (Druz) in view of US Pat. 4,202,240 (Langer et al.) To this combination was added US Pat. 5,824,033 (Ferrari) for the rejection of Claim 14. Claim 13 describes a method comprising receiving a cardiac signal from a patient; determining from the signal with a portable analyzer whether the patient is experiencing atrial fibrillation; receiving a shock command from an operator; and shocking the patient with a portable shock generator in response to the shock command if the patient is experiencing atrial fibrillation. An embodiment of Claim 13 allows atrial fibrillation to be treated by an operator if a portable analyzer determines from a cardiac signal that the patient is experiencing atrial fibrillation. Druz describes a system which includes both a defibrillator and a cardioscope which can be operated together or in synchronization during which the defibrillator is triggered in timed relation to the patient's heart beat. However, the decision on whether the patient is actually experiencing atrial fibrillation is one which must be made by a trained professional observing the cardioscope. The Druz system does not include a portable analyzer which can determine from a cardiac signal whether the patient is experiencing atrial fibrillation. The Examiner has recognized this shortcoming of Druz and cited Langer et al. to provide the needed teaching, stating that an external defibrillator that can be used for atrial defibrillation is shown at col. 1, lines 32-44 of Langer et al. This is not the case. The cited passage of Langer et al. is a definition of "cardioverting" or "cardioversion" in which the applicants in Langer et al. are trying to sweep atrial fibrillation into their definition. However, following this definition, there is absolutely no mention of atrial fibrillation at all. The teaching of the patent is a three-component algorithm (probability density, R-to-R interval and impedance) for detecting ventricular fibrillation. Thus, the combination of Druz and Langer et al. (and Ferrari also) remains devoid of any teaching of a portable analyzer which can determine from a cardiac signal whether a patient is experiencing atrial fibrillation as recited in Claim 13.

It is further seen that the Langer et al. system is for an automatic implantable defibrillator. Langer et al. is thus constrained to an automatic shock sequence and cannot be responsive to a shock command from an operator as recited in Claim 13. It should be recalled that the Board of Patent

Appeals and Interferences was critical of the use of implantable defibrillator references first used to reject this claim. See page 7 and the bottom of page 12 of the Board's decision in this case. Langer et al. is, in this regard, the same as Adams '219 when the Board overturned the first rejection of Claim 13. As the Board stated quite plainly, rejecting this claim with this reference would be to use the teaching of the reference contrary to the manner in which it was intended to function.

For all of these reasons it is respectfully submitted that the rejection of Claim 13 and its dependent Claims 14, 18, and 19 by the combination of Druz, Langer et al., and Ferrari cannot stand. It is therefore respectfully requested that the rejection of these claims under 35 U.S.C. §103(a) be withdrawn and the case passed on to issuance.

Respectfully submitted,

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